IPDR6702				NODWII GADOLINA		73.07	1	
	10/07/2007		IPRS	NORTH CAROLINA CHECKWRITE SUMMARY REPORT		PAGE:	1	
211251				ECKWRITE DATE: 10/09/2007				
				FINANCIAL PAYER: NCDMH				
			NT 10				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	GUOVI MOVEMENTA	8505	6	CLAIM DENIED DUE TO INSUFFICIE				
	SMOKY MOUNTAINM H/DD/SAS		-	NT BUDGET		+		
	n/DD/SAS							
		8535	4	SERVICE FACILITY LOCATION WAS		0 10	304	294
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
3404904	WESTERN HIGHLAN	8599	55	DETAIL NOT COVERED BY COMBINAT				
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	40	FURTHER PROCESSING NECESSARY,				
		8800	40	PLEASE CHECK FOR CLAIM ON		0 279	9157	8878
				FUTURE RA'S.				
	-					+	1	
	+	10	28	DIAGNOSIS OR SERVICE INVALID F		+	 	
-		1		OR CLIENT AGE. VERIFY CID,		+		
	1			DIAGNOSIS, PROCEDURE CODE FOR		+	1	
3404910	PATHWAYS	8599	543	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND			1	
				BENEFIT PACKAGE.			İ	
		11	76	CLIENT NOT ELIGIBLE ON SERVICE		0 842	9049	8207
				DATE				
		21	52	DUPLICATE OF CLAIM-SYSTEM				
3404912		8534	72	SERVICE FACILITY LOCATION IS N				
3404912	CATAWBA COUNTYM	0334	/2	OT A VALID IPRS ATTENDING				
	ENTAL HEALT			PROVIDER. PLEASE VERIFY THE F				
		8000	22	NO RATE AVAILABLE ON FILE TO P		0 114	3115	3001
				RICE THIS CLAIM DETAIL		0 114	3113	3001
		8537	9	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404913	MECKLENBURG COM	8505	4561	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
				1				
		8800	1429	FURTHER PROCESSING NECESSARY,			1	
-		0000	1427	PLEASE CHECK FOR CLAIM ON		4 6733	6779	46
				FUTURE RA'S.				
-							1	
-		8534	258	SERVICE FACILITY LOCATION IS N		+		
				OT A VALID IPRS ATTENDING			1	
				PROVIDER. PLEASE VERIFY THE F				
							1	
3404916	CROSSROADS BEHA	8505	208	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8534	96	SERVICE FACILITY LOCATION IS N		0 387	1906	1519
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		9900	E4	DIDATED UDVODOCING NEGEGOVA				
		8800	54	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON		+		
				FUTURE RA'S.				
							-	
3404917	CENTERDOTNE TERM	8599	137	DETAIL NOT COVERED BY COMBINAT		+	 	
	CENTERPOINT HUM			ION OF RECIPIENT, PROVIDER AND		+		
	AN SERVICES			BENEFIT PACKAGE.		+		
	1			+		+	1	
	1	8534	89	SERVICE FACILITY LOCATION IS N		0 337	6570	6233
	1			OT A VALID IPRS ATTENDING		337	5570	0233
				PROVIDER. PLEASE VERIFY THE F				
						1		

	TI.							
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN	8505	5720	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	629	FURTHER PROCESSING NECESSARY,				
<u> </u>				PLEASE CHECK FOR CLAIM ON	0	6619	7949	1330
				FUTURE RA'S.				
		8599	113	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL	8534	42	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
	L AREA MH D			PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PREASE VERIFITIES F				
		79	24	THIS SERVICE IS NOT PAYABLE TO	0	86	1349	1263
				YOUR SUBMITTED BILLING	0	- 00	1349	1203
				PROVIDER TYPE AND SPECIALTY IN				
		8599	9	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404005		0524	110	ADDITION DIGITIZATIVA COMPANIA				
3404921	ORANGE PERSON C	8534	110	SERVICE FACILITY LOCATION IS N				
<u> </u>	HATHAM AREA			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
<u> </u>		 					-	
		11	70	CLIENT NOT ELIGIBLE ON SERVICE	0	316	3839	3523
				DATE	0	310	3039	3323
		143	42	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404922	THE DURHAM CENT	11	4392	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ER			DATE				
		8534	61	SERVICE FACILITY LOCATION IS N	0	4522	4976	454
				OT A VALID IPRS ATTENDING	0	4322	4570	131
				PROVIDER. PLEASE VERIFY THE F				
		120	44	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404923		8505	2832	CLAIM DENIED DUE TO INSUFFICIE				
3404923	FIVE COUNTY MH	0303	2032	NT BUDGET				
				NI BODGET				
		8800	146	FURTHER PROCESSING NECESSARY,	0	3226	3905	760
		8800	146	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	3226	3995	769
		8800	146		0	3226	3995	769
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3226	3995	769
		11	101	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE	0	3226	3995	769
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3226	3995	769
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE	0	3226	3995	769
3404925		11	101	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE	0	3226	3995	769
3404925	SANDHILLS CENTE			PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE	0	3226	3995	769
3404925	SANDHILLS CENTE R FOR MH/DD	11	101	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE	0	3226	3995	769
3404925		11	101	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE	0	3226	3995	769
3404925		11	101	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE				
3404925		11 8505	101	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	36	3226		
3404925		11 8505	101	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,				
3404925		8505	10114	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925		11 8505	101	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC				
3404925		8505	10114	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925		8505	10114	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC				
	R FOR MH/DD	8505 8800	101 10114 896	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	R FOR MH/DD	8505	10114	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD	8505 8800	101 10114 896	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT SUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	R FOR MH/DD	8505 8800	101 10114 896	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FUTURE PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD	8505 8800	101 10114 896	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT SUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	36	11474	12020	546
	R FOR MH/DD	8505 8800	10114 10114 896	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			12020	546
	R FOR MH/DD	8505 8800	10114 10114 896	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	36	11474	12020	546
3404925	R FOR MH/DD	11 8505 8800 191 8599	101 10114 896 69	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATTENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	36	11474	12020	546
	R FOR MH/DD	8505 8800	10114 10114 896	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	36	11474	12020	546
	R FOR MH/DD	11 8505 8800 191 8599	101 10114 896 69	PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLIENT ID NUMBER DOES NOT MATC H PATTENT NAME DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	36	11474	12020	546

			1	T	I	1	I	I
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927		11	143	CLIENT NOT ELIGIBLE ON SERVICE				
3404927	CUMBERLAND CO M HC	11	143	DATE				
	HC							
		8599	75	DETAIL NOT COVERED BY COMBINAT	15	431	2886	2455
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	65	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY	11	87	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		8599	15	DETAIL NOT COVERED BY COMBINAT	0	105	412	307
				ION OF RECIPIENT, PROVIDER AND		103	412	307
				BENEFIT PACKAGE.				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
			1			1		
3404931	MPKE GO mum ono	8599	85	DETAIL NOT COVERED BY COMBINAT		 		
	WAKE CO HUM SVC BILLING OF		 	ION OF RECIPIENT, PROVIDER AND		 		
	UF			BENEFIT PACKAGE.				
	<u> </u>							
		11	61	CLIENT NOT ELIGIBLE ON SERVICE	8	350	1801	1451
				DATE				
		21	57	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT	8536	559	ATTENDING PROVIDER TYPE AND SP				
	R FOR MH/DD			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8599	181	DETAIL NOT COVERED BY COMBINAT				
		0333	101	ION OF RECIPIENT, PROVIDER AND	0	963	4197	3234
				BENEFIT PACKAGE.				
		11	110	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404934		8505	491	CLAIM DENIED DUE TO INSUFFICIE				
3101331	ONSLOW CARTERET BEHAV HEAL	0303	.,,	NT BUDGET				
	BERAV REAL							
		8599	318	DETAIL NOT COVERED BY COMBINAT	0	1761	3697	1936
				ION OF RECIPIENT, PROVIDER AND				
	1	-		BENEFIT PACKAGE.				
		8800	285	FURTHER PROCESSING NECESSARY,		 		
	+		 	PLEASE CHECK FOR CLAIM ON		 		
			1	FUTURE RA'S.		1		
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR		1			1		
			1			1		
	1	0	0			_		
			 		0	0	0	0
				<u> </u>				
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0					
			ľ		0	0	0	0
			 			 		
		3411	10	PROVIDER TYPE AND SPECIALTY 07				
3404937	THE BEACON CENT		 	4/113 CANNOT BILL ENHANCED				
3404937	THE BEACON CENT							
3404937				BENEFIT SERVICES ON OR AFTER D				
3404937								
3404937		8599	3	DETAIL NOT COVERED BY COMBINAT	0	16	3658	3642
3404937		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	16	3658	3642
3404937		8599	3	DETAIL NOT COVERED BY COMBINAT	0	16	3658	3642
3404937		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	16	3658	3642
3404937			3	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	16	3658	3642
3404937			3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N	0	16	3658	3642

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	EAST CAROLINA B	8599	194	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	171	CLIENT NOT ELIGIBLE ON SERVICE	(958	9247	8289
				DATE				
		8505	162	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		(0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		(0	0	0
3404943	ALBEMARLE MENTA	11	75	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8599	66	DETAIL NOT COVERED BY COMBINAT	11	379	3600	3221
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	38	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8505	54	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
		8000	51	NO RATE AVAILABLE ON FILE TO P		168	5486	5318
				RICE THIS CLAIM DETAIL				
	1	8534	49	SERVICE FACILITY LOCATION IS N				
	1			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404946	FOOTHILLS AREAM	167	1002	NO CHARGE BILLED. ENTER BILLED				
	ENTAL HEALT			AMOUNT AND SUBMIT DETAIL AS				
				A NEW CLAIM				
		79	58	THIS SERVICE IS NOT PAYABLE TO	(1167	4879	3712
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8599	39	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				